FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000051302 (5)**

1. Corporation Name
UTOPIA AUTO SALES & SERVICE, INC.

Principal Place of Business
3318 LINCOLN BOULEVARD
FT. MYERS FL 33916

Mailing Address
3318 LINCOLN BOULEVARD
FT. MYERS FL 33916

3. Date Incorporated or Qualified: **07/12/1994**
3a. Date of Last Report: **08/25/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2843097** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SMITH, HORACE
3318 LINCOLN BOULEVARD
FT. MYERS FL 33916

10. Name and Address of New Registered Agent
81 Name: Sharon S Smith
82 Street Address (P.O. Box Number is Not Acceptable): 3308 Lincoln Blvd.
83 Ft. Myers
84 City: FL 85 Zip Code: 33916

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Horace Smith — Signature (typed or printed name of registered agent) (With Registered Agent's or corporate officer's title if applicable) — May 24-96 DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SMITH, HORACE	
STREET ADDRESS	3318 LINCOLN BLVD	
CITY-ST-ZIP	FT.MYERS FL 33916	
TITLE	V.P.	☐ DELETE
NAME	Sharon S Smith	
STREET ADDRESS	3308 Lincoln Blvd	
CITY-ST-ZIP	Ft. Myers, Fl 33916	
TITLE	Sec	☐ DELETE
NAME	Ruth E. Cooper	
STREET ADDRESS	3308 Lincoln Blvd	
CITY-ST-ZIP	Ft. Myers, Fl. 33916	
TITLE	Sec.	
NAME	Josephine B Smith	☐ DELETE
STREET ADDRESS	3308 Lincoln Blvd.	
CITY-ST-ZIP	Ft. Myers, Fl. 33916	
TITLE	Treas.	
NAME	Horace R Smith	☐ DELETE
STREET ADDRESS	3308 Lincoln Blvd	
CITY-ST-ZIP	Ft. Myers, Fl 33916	
TITLE	Mag.	
NAME	Gracie Smith	☐ DELETE
STREET ADDRESS	2267 French St.	
CITY-ST-ZIP	Ft. Myers Fl 33916 B.M.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Horace Smith — Horace Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 24/96 Date — Daytime Phone #

CR2E034 (12/95)